

**FACSIMILE  
TRANSMISSION  
TO USPTO**

## CERTIFICATION OF FACSIMILE TRANSMISSION:

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Date of Transmission: October 23, 2003

Name of Person Making Transmission: Cindy Kane

Signature: 

DOCUMENT(S) FAXED:

PAGES ATTACHED: 8

Re Applic of	International Business Machines Corporation
Docket No.	FIS920010238US1
Serial No.	10/054,409
Filing Date	11/13/2001
Attorney	Joseph P. Abate

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Attached: Amendment

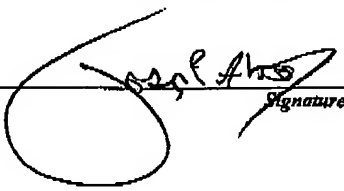

**PLEASE DELIVER TO:**  
**EXAMINER: Kimberly E. Glenn**  
**ART UNIT: 2817**  
**PHONE NO:**  
**FAX NO: 703-872-9318**

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## INTERNATIONAL BUSINESS MACHINES CORPORATION

Intellectual Property Law  
East Fishkill Facility  
2070 Route 52  
Hopewell Junction  
New York 12533-6531

Fax: 845-892-6363  
Phone: 845-894-4633

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>			<b>Docket No.</b>		
Applicant(s): Nikitin, Vladimir			FIS920010238US1		
Serial No. 10/054,409	Filing Date 11/13/2001	Examiner Kimberly E. Glenn		Group Art Unit 2817	
Invention: <b>Resonant Operation of Memos Switch</b>					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	6 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<div style="margin-top: 20px;"><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 09-0458 A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div> <div style="margin-top: 20px;"> _____ Signature</div> <div style="margin-top: 20px;">Dated: 10-23-03</div> <div style="margin-top: 20px;"><b>Joseph P. Abate</b> Reg. No. 30,238 Phone 845-894-4633</div> <div style="margin-top: 20px;">cc:</div>					
<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;">I certify that this document and fee is being deposited on 10/23/2003 Facsimile _____ and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.  _____ Signature of Person Mailing Correspondence  <b>Cindy Kane</b> _____ Typed or Printed Name of Person Mailing Correspondence</div>					